



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist	JESS JULLIANTE								
Street Address	1703 SUNRISE LAKES DR. #5A								
City	ERIE	State	PA	Zip Code	16509				
Type of Report (Place x under report type)									
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)		11/07/2017		Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only					
		06/06/2017	10/23/2017						
A. Amount Brought Forward From Last Report		\$	(17,250.00)	2017 OCT 27 PM 3:43 ERIE COUNTY VOTER REGISTRATION FE					
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	00.00						
C. Total Funds Available (Sum of Lines A and B)		\$	(17,250.00)						
D. Total Expenditures (From Schedule III)		\$	22,000.00						
E. Ending Cash Balance (Subtract Line D from Line C)		\$	(39,250.00)						
F. Value of In-Kind Contributions Received (From Schedule II)		\$	00.00						
G. Unpaid Debts and Obligations (From Schedule IV)		\$	00.00						
Affidavit Section									
Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.									
I swear (or affirm) that this report, including the attached schedules on page 2, is to the best of my knowledge and belief true, correct and complete.									
Sworn to and subscribed before me this									
27 day of October 2017									
Signature of Sonia Wilt									
My Commission expires 4-3-19 MO. DAY YR.									
Signature of Person Submitting report									
JESS JULLIANTE									
Printed Name									
814 Area Code									
864-7476 Daytime Telephone Number									
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.									
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO. 320) as amended.									
Sworn to and subscribed before me this									
day of 20									
Signature									
Printed Name									
My Commission expires MO. DAY YR.									
Area Code									
Daytime Telephone Number									

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period (1) \$

2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)

\$

All Other Contributions (Part B)

\$

Total for the reporting period (2) \$

3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)

\$

All Other Contributions (Part D)

\$

Total for the reporting period (3) \$

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

Total for the reporting period (4) \$

Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)

\$

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number							
							Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART B
All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Filer Identification Number									
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$		
City	State			Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$		
City	State			Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$		
City	State			Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$		
City	State			Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$		
City	State			Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$		
City	State			Zip Code		Date [MM/DD/YYYY]	\$		

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer/Identification Number									
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number	
-----------------------------	--

Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #		Street Address	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				

Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #		Street Address	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				

Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #		Street Address	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				

Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #		Street Address	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				

PART E
Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number	
-----------------------------	--

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

Filer Identification Number:	
------------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period (1)	\$	

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)		
TOTAL for the reporting period (2)	\$	

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period (3)	\$	

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	
--	----	--

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:

Full Name of Contributor

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Description of Contribution

Full Name of Contributor

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Description of Contribution

Full Name of Contributor

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Description of Contribution

Full Name of Contributor

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Description of Contribution

Full Name of Contributor

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Description of Contribution

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number	
-----------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]	\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation				
Employer Mailing Address / Principal Place of Business				Description of Contribution				

Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]	\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation				
Employer Mailing Address / Principal Place of Business				Description of Contribution				

Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]	\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation				
Employer Mailing Address / Principal Place of Business				Description of Contribution				

Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]	\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation				
Employer Mailing Address / Principal Place of Business				Description of Contribution				

SCHEDULE III
Statement of Expenditures

Filer Identification Number: _____

To Whom Paid		JESS JULIANTE CAMPAIGN COMMITTEE			Date [MM/DD/YYYY]	\$	15,000.00
House #	1703	Street Address	SUNRISE LAKES DRIVE #5A		Description of Expenditure		
City	ERIE	State	PA.	Zip Code	16509		
To Whom Paid		JESS JULIANTE CAMPAIGN COMMITTEE			Date [MM/DD/YYYY]	\$	7,000.00
House #	1703	Street Address	SUNRISE LAKES DRIVE #5A		Description of Expenditure		
City	ERIE	State	PA.	Zip Code	16509		
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number	
-----------------------------	--

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						